

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/511883 FILING DATE

APPLICANT(S)

PRE-AMEND

CLAIMS

AS FILED	1 AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3			1			
4			1			
5			1			
6			1			
7			1			
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TOTAL IND.		1		1		
TOTAL DEP.	12		12		12	
TOTAL CLAIMS	13					

AS FILED	1 AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		1		1		
TOTAL DEP.	12		12		12	
TOTAL CLAIMS	13					